



1-16-07

18w/ Rce\$

Atty. Dkt. No. 060925-0601

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: H. Michael SHEPARD
Title: METHODS FOR
TREATING THERAPY-
RESISTANT TUMORS
Appl. No.: 10/048,033
Filing Date: November 27, 2002
Examiner: Crane, Lawrence E.
Art Unit: 1623
Confirmation
Number: 2767

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 861 929 635 US	11 January 2007
(Express Mail Label Number)	(Date of Deposit)
Susana Salto	
(Printed Name)	
S. Salto	
(Signature)	

REQUEST FOR CONTINUED EXAMINATION (RCE)
TRANSMITTAL

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. This RCE and the enclosed items listed below are being filed prior to the earliest of: (1) payment of the issue fee (unless a petition under 37 C.F.R. § 1.313 is granted); (2) abandonment of the application; or (3) the filing of a notice of appeal to the U.S. Court of Appeals for the Federal Circuit under 35 U.S.C. §141, or the commencement of a civil action under 35 U.S.C. §145 or §146 (unless the appeal or civil action is terminated).

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395.00 OP

1. Submission required under 37 C.F.R. §1.114: (check items that apply)

Enclosed are:

☒ Amendment/Reply.☒ Information Disclosure Statement.☒ Form PTO/SB/08 with copies of 53 listed reference(s).☒ Sequence Listing.

The filing fee is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Fee Totals
RCE Fee				\$790.00	= \$790.00
1.17(e):					
Total Claims:	15	- 43	= 0	x \$50.00	= \$0.00
Independents	3	- 3	= 0	x \$200.00	= \$0.00
First presentation of any Multiple Dependent Claims:				+ \$360.00	= \$0.00
CLAIMS FEE TOTAL:					= \$790.00
EXTENSION FEE TOTAL					\$0.00
CLAIMS AND EXTENSION FEE TOTAL:					\$790.00
[X]	Small Entity Fees Apply (subtract ½ of above):				\$395.00
[]	Suspension of action requested under 37 C.F.R. § 1.103(c)				\$0.00
TOTAL FEE:					\$395.00

A credit card payment form in the amount of \$395.00 to cover the filing fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by the credit card payment form being unsigned, providing incorrect information resulting in a rejected credit card transaction, or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date January 11, 2007

By



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Customer Number: 38706
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Antoinette F. Konski
Attorney for Applicant
Registration No. 34,202